

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.A.P.E. CLASSIFIER	<i>MA</i>		10-11-01
FORMALITY REVIEW	<i>MA</i>	<i>101</i>	10/11/01
RESPONSE FORMALITY REVIEW	<i>MA</i>	<i>101</i>	10/11/01

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 \_\_\_\_\_ Allowed  
 (Through number) \_\_\_\_\_ Contested  
 \_\_\_\_\_ Restricted  
 H \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
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